

PTO/SB/08a (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO
**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet	1
-------	---

1

C

2

Complete if Known

Application Number	10/635,922
Filing Date	August 7, 2003
First Named Inventor	Naum CHERNOGUZ et al
Group Art Unit	
Examiner Name	
Attorney Docket Number	CHERNOGUZ=1A

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]Examiner
Signature

Date Considered

02/28/2006

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * Applicant's unique citation designation number (optional). * See Kind of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. * Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). * For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. * Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. * Applicant is to place a check mark here if English language Translation is attached.



Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO

Complete If Known

(use as many sheets as necessary)

Sheet	2
-------	---

Q

✓

Attorney Docket Number

CHERNOGUZ=1A

**Examiner
Signature**

~~EDWARD SCHEIDT~~

Date
Considered

02/28/2006

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.